

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25623
STATE FILE NUMBER

FILED AUG 12 1957

Registration District No. 274 Primary Registration District No. 3057 Registrar's No. 335

00-56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | |
|--|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Moreau Turn</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothoell</u> | | Length of stay in lb <u>9 hrs</u> | d. STREET ADDRESS <u>8 mi SE Versailles</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Daryl</u> Middle <u>D.</u> Last <u>Sehman</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>31</u> Year <u>1957</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug 31, 1940</u> | 9. AGE (In years last birthday) <u>16</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Versailles H.S</u> | | 11. BIRTHPLACE (City and state or country) <u>Fairbury, Nebraska</u> | |
| 13. FATHER'S NAME <u>Samuel Sehman</u> | | | 14. MOTHER'S MAIDEN NAME <u>Delma Williams</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT Address <u>Sam. Sehman - Versailles, Mo.</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock, Irreversible</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | |
| DUE TO (b) <u>Loss of blood</u> | | | | | <u>8 hours</u> |
| DUE TO (c) <u>Laceration of neck, ear wreck</u> | | | | | <u>8 hours</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Car wreck windshield glass lacerated neck</u> | | |
| 20c. TIME OF INJURY Hour <u>10</u> p. m. Month <u>7</u> Day <u>30</u> Year <u>57</u> | | | <u>071</u> | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u> | | 20f. CITY, TOWN, OR LOCATION <u>Versailles, Morgan, Mo.</u> | |
| 21. I attended the deceased from <u>July 30-57</u> to <u>July 31, 1957</u> and last saw him alive on <u>7-31-57</u> Death occurred at <u>6 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Ray Fyle, M.D.</u> | | | | 22b. ADDRESS <u>Versailles, Mo.</u> | |
| 22c. DATE SIGNED <u>8-2-57</u> | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | | 23b. DATE <u>2 Aug 57</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u> | |
| 23d. LOCATION (City, town, or county) <u>Morgan, Mo.</u> | | | | (State) | |
| 24. LOCAL PREPARED BY <u>W. F. Tidwell-Versailles, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>8-2-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u> |

(Licensed Embalmer's Statement on Reverse Side)

HAMILTON F-N.

20 p.m. SAT.

AUG 19 1937

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.